

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
Dental Events

RIC: DUE
Page: 1
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Dental Utilization Events file contains data about all dental events of the MCBS population, whether community or facility interviews.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,718			LOW-HIGH BASEID Count
EVNTNUM	14	4					C Unique event identifier
OREVTYPE	18	2	\$EVN2TYP				C Original reported event type
				12,718			DU Dental
				0			IP Inpatient
				0			IU Institutional utilization
				0			MP Medical provider
				0			OM Other medical expense
				0			OP Outpatient
				0			PM Prescribed medicine
				0			SD Separate billing doctor
				0			SL Separate billing lab
CLAIMID	20	7					N Claim this survey event matched to
EVBEGLYY	27	2	\$EVENTYY				C Event begin year
				9			-8 Don't know
				12,709			Year
EVBEGLMM	29	2	\$EVENTMM				C Event begin month
				135			-8 Don't know
				0			95 Still in progress
				12,583			Month
EVBEGLDD	31	2	\$EVENTDD				C Event begin year
				2			-7 Refused
				2,824			-8 Don't know
				9,892			Day of month
SOURCE	33	1	\$SOURCE				C Source of event: survey, claim, or both?
				12,679			1 Survey only
				0			2 Claims only
				39			3 Both survey & claims
SITCODE	34	1	\$SITCODE				C Community or facility setting?
				0			B Both community & facility
				12,710			C Community
				1			D Deemed community
				3			F Facility
				2			G Deemed facility
				2			S SNF
AMTTOT	35	9					N Total payment

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IMPATOT	44	1	IMPFLAG				N AMTTOT imputed in part or in total?
				8,913			0 Not imputed
				3,805			1 Imputed
AMTCOV	45	9					N Medicare program liability, incl. copays
AMTNCOV	54	9					N Total payment not covered by Medicare
AMTCARE	63	9					N Amount paid by Medicare
IMPSCARE	72	1	IMPFLAG				N AMTCARE payment source imputed?
				12,718			0 Not imputed
				0			1 Imputed
IMPACARE	73	1	IMPFLAG				N AMTCARE payment amount imputed?
				12,718			0 Not imputed
				0			1 Imputed
AMTCAID	74	9					N Amount paid by Medicaid
IMPSCAID	83	1	IMPFLAG				N AMTCAID payment source imputed?
				12,717			0 Not imputed
				1			1 Imputed
IMPACAID	84	1	IMPFLAG				N AMTCAID payment amount imputed?
				12,426			0 Not imputed
				292			1 Imputed
AMTHMOM	85	9					N Amount paid by Medicare HMO
IMPSHMOM	94	1	IMPFLAG				N AMTHMOM payment source imputed?
				12,516			0 Not imputed
				202			1 Imputed
IMPAHMOM	95	1	IMPFLAG				N AMTHMOM payment amount imputed?
				12,410			0 Not imputed
				308			1 Imputed
AMTHMOP	96	9					N Amount paid by private HMO
IMPSHMOP	105	1	IMPFLAG				N AMTHMOP payment source imputed?
				12,563			0 Not imputed
				155			1 Imputed
IMPAHMOP	106	1	IMPFLAG				N AMTHMOP payment amount imputed?
				12,451			0 Not imputed
				267			1 Imputed
AMTVA	107	9					N Amount paid by Veterans Administration

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IMPSVA	116	1	IMPFLAG				N AMTVA payment source imputed?
				12,717			0 Not imputed
				1			1 Imputed
IMPAVA	117	1	IMPFLAG				N AMTVA payment amount imputed?
				12,629			0 Not imputed
				89			1 Imputed
AMTPRVE	118	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	127	1	IMPFLAG				N AMTPRVE payment source imputed?
				12,262			0 Not imputed
				456			1 Imputed
IMPAPRVE	128	1	IMPFLAG				N AMTPRVE payment amount imputed?
				11,588			0 Not imputed
				1,130			1 Imputed
AMTPRVI	129	9					N Amt paid by individually-purch priv ins
IMPSPRVI	138	1	IMPFLAG				N AMTPRVI payment source imputed?
				12,518			0 Not imputed
				200			1 Imputed
IMPAPRVI	139	1	IMPFLAG				N AMTPRVI payment amount imputed?
				12,367			0 Not imputed
				351			1 Imputed
AMTPRVU	140	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	149	1	IMPFLAG				N AMTPRVU payment source imputed?
				12,718			0 Not imputed
				0			1 Imputed
IMPAPRVU	150	1	IMPFLAG				N AMTPRVU payment amount imputed?
				12,718			0 Not imputed
				0			1 Imputed
AMTOOP	151	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	160	1	IMPFLAG				N AMTOOP payment source imputed?
				11,593			0 Not imputed
				1,125			1 Imputed
IMPAAOP	161	1	IMPFLAG				N AMTOOP payment amount imputed?
				10,808			0 Not imputed
				1,910			1 Imputed
AMTDISC	162	9					N Amount of uncollected SP liability

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IMPSDISC	171	1	IMPFLAG				N AMTDISC payment source imputed?
				12,454			0 Not imputed
				264			1 Imputed
IMPADISC	172	1	IMPFLAG				N AMTDISC payment amount imputed?
				11,990			0 Not imputed
				728			1 Imputed
AMTOTH	173	9					N Amount paid by other payor(s)
IMPSOTH	182	1	IMPFLAG				N AMTOTH payment source imputed?
				12,708			0 Not imputed
				10			1 Imputed
IMPAOTH	183	1	IMPFLAG				N AMTOTH payment amount imputed?
				12,616			0 Not imputed
				102			1 Imputed
DVBRIDGE	184	2	YES4FMT				N Dental visit service - bridge
				22			-8 Don't know
				2,116			1 Yes
				10,580			2 No
DVCLEAN	186	2	YES4FMT				N Dental visit service - cleaning
				22			-8 Don't know
				5,489			1 Yes
				7,207			2 No
DVCROWN	188	2	YES4FMT				N Dental visit service - crown
				22			-8 Don't know
				1,107			1 Yes
				11,589			2 No
DVEXAM	190	2	YES4FMT				N Dental visit service - examination
				22			-8 Don't know
				5,359			1 Yes
				7,337			2 No
DVEXTRAC	192	2	YES4FMT				N Dental visit service - tooth extraction
				22			-8 Don't know
				935			1 Yes
				11,761			2 No
DVFILLNG	194	2	YES4FMT				N Dental visit service - filling
				22			-8 Don't know
				1,731			1 Yes
				10,965			2 No

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DVORTH0	196	2	YES4FMT				N Dental visit service - orthodontics
				22			-8 Don't know
				77			1 Yes
				12,619			2 No
DVOTHER	198	2	YES4FMT				N Dental visit service - other
				22			-8 Don't know
				435			1 Yes
				12,261			2 No
DVRTCNAL	200	2	YES4FMT				N Dental visit service - root canal
				22			-8 Don't know
				522			1 Yes
				12,174			2 No
DVXRAYS	202	2	YES4FMT				N Dental visit service - X-rays
				22			-8 Don't know
				3,511			1 Yes
				9,185			2 No
HMO	204	1	\$HMO				C Event provided by an HMO?
				9,726			0 Event not provided by HMO
				2,992			1 Event provided by HMO